

## REGISTRATION INFORMATION REQUEST FOR LIEN SALE

### Vehicle Valued Under \$4000/Vessel Valued Under \$1500

DMV USE ONLY
CHECK/MONEY ORDER NUMBER
CASHIER ID/DATE

**FEE: \$5.00 Per Request**

**YOUR REQUEST WILL NOT BE PROCESSED  
WITHOUT THE APPROPRIATE  
NON-REFUNDABLE FEE**

#### NOTICE TO REQUESTERS

As a condition to the disclosure of information from records maintained by the Department of Motor Vehicles, the subject of record may be provided a copy of this request.

**This form is used to obtain names and addresses of the registered owner, legal owner, and interested parties of a vehicle valued under \$300 which you intend to dispose of pursuant to CVC §22851.3 or CVC §22851.8 or conduct a Lien Sale on a vehicle valued under \$4000 (CC §3072) or vessel valued under \$1500 (Harbors/Navigation Code §504).**

**ANY OTHER USE OF THE INFORMATION RECEIVED IS PROHIBITED**

**ALL SECTIONS MUST BE COMPLETE OR REQUEST WILL BE RETURNED**

PART A: Requester's Information		PLEASE PRINT CLEARLY	
BUSINESS NAME OR FIRST NAME	M.I.	LAST	AREA CODE DAYTIME TELEPHONE NUMBER (       )
ADDRESS			
CITY	STATE	ZIP CODE	

**PART B: Record Search Criteria** Complete all search criteria for vehicles. Contact your local DMV for assistance if the vehicle identification number (VIN) is mutilated or missing on vehicle. Complete vessel CF number and hull identification number (HIN). The current registered and legal owner record information on file with the department will be provided.

VEHICLE LICENSE OR VESSEL CF NUMBER	STATE LAST REGISTERED	MAKE	YEAR	MODEL
VIN OR HIN		MOTORCYCLE ENGINE NUMBER		

**PART C: Reason For Request** Explain why the vehicle/vessel is subject to a lien sale—include statute and section number if known.  
**Please Note:** This section must be completed or your request will be refused.

The basis for my lien is \_\_\_\_\_

The vehicle/vessel came into my possession on \_\_\_\_\_ Current vehicle/vessel value \_\_\_\_\_

How was the vehicle/vessel acquired? \_\_\_\_\_

Where is the vehicle/vessel currently located? \_\_\_\_\_

**PART D: Certification, Signature/Requester Identification** Complete "executed at" information. Read certification statement, sign and print your driver license/or identification card (DL/ID) number. DL/ID must match signature of requester to release record.

EXECUTED AT (CITY, COUNTY, STATE)	ON (DATE)
-----------------------------------	-----------

*I certify under penalty of perjury under the laws of the State of California, that the information entered by me on this document is true and correct and will only be used to notify the registered and legal owner(s) of, and all persons known to claim an interest in, this vehicle/vessel as required by the laws of the State of California and the California Vehicle Code (CVC), Civil Code (CC), and/or the Harbors and Navigation Code. I further certify that I have read and understand the applicable statutes identified above and I agree to abide by all the requirements stated therein.*

*I understand that I may be subject to prosecution for false representation (CVC §1808.45) for any false statement regarding this request which is a misdemeanor and punishable by a maximum fine of five thousand dollars (\$5,000) or a maximum imprisonment of one year in the county jail, or both.*

SIGNATURE OF REQUESTER	REQUESTER DL/ID NUMBER
------------------------	------------------------

**X**

**PART E: Mailing Label Do Not Detach** Complete this section in order to receive the requested record information.

Send information to: (Print your name and address carefully)		
YOUR NAME		
ADDRESS		
CITY	STATE	ZIP CODE

**You may submit this request directly to your local DMV office or mail along with a check or money order to:**

DEPARTMENT OF MOTOR VEHICLES  
 P. O. Box 944247—Mail Station G199  
 Sacramento, CA 94244-2470